Name in Full: James R Bishop

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland — County: Garrett

Date of death: 1904 — Month: March — Day: 16 — Years: Age 86 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Kingwood Co, Pa

Occupation: Retired Merchant — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Adam Bishop — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Calcification — How long: —

Immediate: Asthenia — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. W. McDonald

Address: Oakland Maryland

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: William Ray Bowman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grantsville W — County: Garrett

Date of death 1904: Month: Mar — Day: 11th

Age: Years: 3 — Months: 6 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Garrett Co Md

Married, Single or Widowed — Occupation: None

Name of Wife or Husband

Father's Name: Ephraim Bowman — Father's Birthplace

Mother's Maiden Name . . — Mother's Birthplace

Name of person giving Information: Andrew Durst — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles — How long: 7 days

Immediate: Pneumonia — How long: 10 day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H L Evans

Address: Grantsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charles Coopar X

CERTIFICATE OF DEATH

MARYLAND

Died at: Schultz — Town — County: Garrett

Date of death: 1904 — Month: March — Day: 23 — Age: Years: 28 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: don't know

Father's Name: Hugh Coopar — Father's Birthplace: W Va

Mother's Maiden Name: Eliza Coopar — Mother's Birthplace: " "

Name of person giving In formation: Wm Hay — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brain Trouble — How long:

Immediate: Inflamation — How long: 10 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr G L Sample

Address: Deerfield

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Infant ×

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Friendsville — County: Garrett

Date of death 1904 — Month: March — Day: 10

Age — Years: — Months: — Days: 6

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John H. Cuppet — Father's Birthplace: W. Va.

Mother's Maiden Name: Mary A. Moyers — Mother's Birthplace: W. Va.

Name of person giving information: John H Cuppet — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature 15.1 — How long: 6 days

Immediate: 4 — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Mason.

Address: Friendsville Md.

Accident or Suicide?

LIBRARY BUREAU A08816

Name in Full: Basil Yaugh

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: | County: Garrett

Date of death 1904 — Month: March | Day: 22d | Age — Years: | Months: | Days:

Sex: Male | Color or Race: White | Birthplace:

Occupation: Farmer | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Disease of Heart | How long:

Immediate: | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Reported by Person

Signature of Physician: T. R. Linderbaugh M.D.

Address:

Accident or Suicide? Direct

LIBRARY BUREAU A65816

Name in Full: George W Gould X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Thompsville — County: Garrett

Date of death: Month: 1904 October — Day: 1 — Age: Years: 74 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Pa

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: dont know — Father's Birthplace:

Mother's Maiden Name: do — Mother's Birthplace:

Name of person giving Information: Leroy Fornwalt — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Lung Trouble — How long:

Immediate: do — How long: 10 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H W McCleaves

Address: Accident

Accident or Suicide?

LIBRARY BUREAU A88910

Name in Full: Baby Garner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland; County: Garrett

Date of death: 1904 Month: Feb Day: 31

Age: Years: Still born; Months: —; Days: —

Sex: Boy

Color or Race: White

Birthplace: Oakland

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: don't know Illegitimate

Father's Birthplace: —

Mother's Maiden Name: Mrs Gower

Mother's Birthplace: W Va

Name of person giving Information: Dr Hinebaugh

How related to deceased: S.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still born

How long: —

Immediate:

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M L Hinebaugh

Address: Oakland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A99816

Name in Full

Certificate of Death

Town

County

Died at Sartoria Harford MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 March 27	Age	12 hrs			Md	

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

~~Husband~~ of
~~Wife~~

Father's Name Infant child

Mother's Maiden Name Alice Hardesty

Cause of Death: Primary convulsions

Immediate convulsions

How long sick 1 hour

~~Accident, Suicide, Homicide~~

Reported by George L. Limburger M.D.

Address Deer Park Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Ida Forester X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Skipnuck — County: Garrett

Date of death: Month: 1904 March — Day: 18

Age: Years: — Months: 1 — Days: 6

Sex: Girl — Color or Race: White — Birthplace: Md

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Ida Forester — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infantile trouble — How long: 2 days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: George Gorthe

Address: Skipnuck

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: John McLaughlin ×

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oakland — County: Garrett

Date of death 1904 — Month: March — Day: 9

Age — Years: about 70 — Months: — — Days:

Sex: Male — Color or Race: White — Birthplace: —

Occupation: Laborer — Where Residing if not at place of death: don't know

Married or Widowed: Single — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Mr Fraunfelter — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Strong drink — How long: one week

Immediate: Stomach & bowel trouble — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Rannells M.D.

Address: Oakland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A6881Q

Name in Full: Francis Mckenzie X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grantsville; County: Garrett

Date of death 1904: Month: March; Day: 28; Age: Years: 71; Months: 6; Days: 8

Sex: Male; Color or Race: white; Birthplace: Grantsville

Married, Single or Widowed: Widower; Occupation: Hotel Keeper

Neme of Wife or Husband: Mary Layman

Father's Name: Samuel Mckenzie; Father's Birthplace: Mt Savage

Mother's Maiden Name: Catherine Durbin; Mother's Birthplace: Mt Savage

Name of person giving In formation: M. Clabaugh; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lagrippe; How long: 8 days

Immediete: Pneumonia of Lower; How long: 6 days

Are the name, age, sex, color, date end place correctly given above? Yes

Signature of Physician: H L Bevans

Address: Grantsville Md

Accident or Suicide?

LIBRARY BUREAU Assets

Harry McCullough

Name in Full: Joseph Martin X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland — County: Garrett

Date of death: Month: March — Day: 7 — Year: 1904 — Age: Years: 38 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Restaurant Keeper — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Emma Broyles

Father's Name: Joseph Martin — Father's Birthplace: Ireland

Mother's Maiden Name: Malissa Collins — Mother's Birthplace: W Va

Name of person giving information: Dana Martin — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: [illegible] — How long: [illegible]

Immediate: Heart failure — How long: Short

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H W McComas

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Rebecca C. Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Deer Park — County: Garrett

Date of death: Month: March — Day: 13 — 1904

Age — Years: 5 — Months: 8 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: House Wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: E. G. Miller

Father's Name: Ben Green — Father's Birthplace: Md

Mother's Maiden Name: Susan Miller — Mother's Birthplace: Md

Name of person giving Information: C. A. Miller — How related to deceased: brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 93 — How long: 7 Weeks

Immediate: Pneumonia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Saunders

Address: Deer Park

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Guy Willard Moon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Long Run — County: Garrett

Date of death 1904 — Month: March — Day: 7 — Age — Years: — Months: 2 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: — Occupation:

Name of Wife or Husband: —

Father's Name: George H. Moon — Father's Birthplace: W. Va.

Mother's Maiden Name: Lucretia Savage — Mother's Birthplace: Maryland

Name of person giving In formation: George H moon — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enterolis — How long: 2 wks

Immediate: 4 — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Macum

Address: Friendsville

Accident or Suicide?

Name in Full: Francis Paul X

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Shawn — County: Garrett

Date of death 1904 — Month: Mch — Day: 7 — Age — Years: 22 — Months: 6 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Charles Paul

Father's Name: R. E. Friend — Father's Birthplace: Garrett Co Md

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Chas Paul — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 2 Wks.

Immediate: Heart Failure — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. E. Frazer. Undertaker

Address: Terra Alta Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mrs Fonnie Skelper X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Bray Schoolhouse; County: Garrett

Date of death: Month: March; Day: 24; Year: 1904; Age: Years: 20; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Housewife; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: Lewis Skelper

Father's Name: Phelps Lewis; Father's Birthplace:

Mother's Maiden Name: Mrs Lewis; Mother's Birthplace:

Name of person giving Information: Able Nethken; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Kidney troubles; How long: 3 months

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Humbaugh Md

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full — No name

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lochlynn — County: Garrett

Date of death 1904 — Month: Mch — Day: 31

Age — Years: — Months: — Days: 1

Sex: Boy — Color or Race: White — Birthplace:

Married, Single or Widowed: single — Occupation: none

Name of Wife or Husband: —

Father's Name: D. W. Tasker Sr. — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: D W Tasker — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn — How long: —

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Hemburgh

Address:

Accident or Suicide?

LIBRARY BUREAU A86513